# Utah Specific Transaction Instructions

276/277 Health Care Claim Status Request & Response
ASCX12N 276/277 (004010X093A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services.  The ANSI ASC X12N 276/277 Version 4010 implementation guide has been established as the standard of compliance. Utah Medicaid will implement the Addenda corrections for the Health Care Status Request and Response (004010X093A1).   The implementation guide is available electronically at www.wpc-edi.com.  The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

**Requirements:**

1.      An Electronic Commerce Agreement must be in place.  The form is available at www.UHIN.com.

2.      A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of eligibility inquiries.  The form is available at http://health.utah.gov/hipaa/medicaid_pcn.htm  Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.

3.      276/277 transactions may be sent 24 hours a day, 7 days a week. Medicaid supports only batch transactions.  Transactions received by 6:00 p.m. will be processed and a response will be available by noon the next business day.

4.      A 997 Functional Acknowledgment will be created for all 276/277 transactions.

5.      All references to Medicaid are used for simplicity, but other programs supported by Health Care Financing (HCF) are also included, e.g., Non-Traditional Medicaid, Primary Care Network, IHC Access, Baby Your Baby, etc.

6.      When receiving an 837 transaction, Medicaid returns a 277 FE reporting the Transaction Control Number (TCN) assigned to the claim. Utilization of the TCN in a claims inquiry will facilitate a quicker and more accurate response.

7.  Medicaid processes claims weekly.  If a 276 inquiry is submitted within the first week after the provider submitted the claim, the 277 response may contain the message "not found".

8.  A claim level response will be given when a claim level request is received.  Line level information may be supplied when a paid claim contains denied lines.

9.  A line level response will be given when a line level request is received.

10. Crossover claims are maintained in the Medicaid Management Information System (MMIS) as a line level entry.  In order to identify a crossover claim, a line level inquiry must be submitted.

11. MMIS maintains information regarding a void or replacement of an original claim.  When reporting these scenarios, the following may occur:

    a.  When the 276 inquiry contains the TCN of the original claim, the response will report information only relating to that specific claim.  If the claim has been voided or replaced, a status message relating to the original claim will be returned and the message F3:1 (Finalized/Revised - Adjudication information has been changed; for more detailed information, see remittance advice).

    b.  When the 276 inquiry does not contain the TCN, the 277 response will contain information regarding any claim matching the submitted information.  The TCN of the claim being reported will be returned in the response.  A void is identified by "9991" in the TCN (example: 0321**9991**00002400) and would be reported as a negative amount (example: -136.20).   Replacement of an original claim is identified by "9992" in the TCN.

| 276 Claim Status Request | | | | |
|---|---|---|---|---|
| Page | Loop | Segment | Data Element | Values / Comments |
| 55 | 2100A | NM103 | Payer Name | "Utah Medicaid FFS" |
| 55 | 2100A | NM108 | Identification Code Qualifier | "PI" |
| 56 | 2100A | NM109 | Payer Identifier | "HT000004-001" |
| 63 | 2100B | NM108 | Identification Code Qualifier | "46" |
| 63 | 2100B | NM109 | Information Receiver Identification Number | UHIN trading partner number |
| 68 | 2100C | NM108 | Identification Code Qualifier | "SV" |
| 69 | 2100C | NM109 | Provider Identifier | Use the 12 digit identifier assigned by Utah Medicaid. |
| 75 | 2100D | NM108 | Identification Code Qualifier | "MI" |
| 76 | 2100D | NM109 | Subscriber Identifier | Use the 10 digit identifier assigned by Utah Medicaid.  Do not submit hyphens or spaces. |
| 77 | 2200D | TRN02 | Trace Number | Provider specific trace number |
| 79 | 2200D | REF02 | Payer Claim Control Number | Medicaid transaction control number (TCN) assigned to claim. |
| 82 | 2200D | REF02 | Medical Record Number | Provider's patient account number specific to the claim (invoice number). |
| 85 | 2200D | AMT02 | Total Claim Charge Amount | Total claim charge as reported on original claim. |
| 87 | 2200D | DTP03 | Claim Service Period | Date of service as reported on original claim. |
| 88 | 2210D | SVC | Service Line Information | This loop must be completed when requesting information regarding a specific line. |

| | | | 276 Claim Status Request | |
|------|-------|---------|----------------|-------------------|
| Page | Loop | Segment | Data Element | Values / Comments |
| 90 | 2210D | SVC01-2 | Service Identification Code | Procedure code as reported on original claim. If revenue code with HCPCS code was reported on the line originally, output HCPCS code in this field. |
| 90 | 2210D | SVC01-3-4 | Procedure Modifier | Modifier as reported on original claim. |
| 90 | 2210D | SVC02 | Line Item Charge Amount | Amount as reported on original claim. |
| 90 | 2210D | SVC07 | Original Units of Service Count | Units as reported on original claim. |
| 92 | 2210D | REF02 | Line Item Control Number | Provider assigned line item control number as reported on original claim. |
| 93 | 2210D | DTP03 | Service Line Date | Date of service for the line as reported on original claim. |

| | | | 276 Claim Status Response | |
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| Page | Loop | Segment | Data Element | Values / Comments |
| 150 | 2100D | NM1 | Subscriber Name | Name and ID of patient as contained in Medicaid's records. |
| 153 | 2200D | TRN02 | Trace Number | Trace number as submitted in the 276 inquiry. |
| 154 | 2200D | STC01 | Health Care Claim Status Category Code | EO – Response not possible. A4 – Acknowledgment/not found. F1 – Finalized/payment. F2 – Finalized/denied. P1 – Pending/in process. |

| 276 Claim Status Response | | | | |
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| Page | Loop | Segment | Data Element | Values / Comments |
| 154 | 2200D | STC02 | Health Care Claim Status Code | Appropriate claim status code. |
| 162 | 2200D | STC02 | Status Information Effective Date | Effective date of status. |
| 162 | 2200D | STC04 | Total Claim Charge Amount | Total charge. |
| 162 | 2200D | STC05 | Claim Payment Amount | Paid amount. |
| 162 | 2200D | STC06 | Adjudication or Payment Date | Date claim was paid or denied. |
| 163 | 2200D | STC07 | Payment Method Code | CHK will be utilized to report Medicaid Warrants. |
| 163 | 2200D | STC09 | Check or EFT Trace Number | Warrant number. |
| 163 | 2200D | STC10 | Health Care Claim Status | Additional claim status information. |
| 166 | 2200D | REF02 | Payer Claim Control Number | Transaction control number. |
| 172 | 2200D | DTP03 | Claim Service Date | Claim Date of Service |
| Line Level Information | | | | |
| 174 | 2220D | SVC01 | Product or Service | Procedure code and/or modifiers |
| 175 | 2220D | SVC02 | Line Item Charge Amount | Line item charge amount. |
| 176 | 2220D | SVC03 | Line Item Provider Payment Amount | Amount paid by Medicaid.  Payment amount reflects amount approved for payment.  Actual payment may be reduced due to third party payment, co-payments, etc. |
| 176 | 2220D | SVC04 | Revenue Code | REV code. |
| 176 | 2220D | SVC07 | Original Units of Service Count | Submitted units of service. |

| 276 Claim Status Response | | | | |
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| Page | Loop | Segment | Data Element | Values / Comments |
| 177 | 2220D | STC | Service Line Status Information | Status information relating to the line. |
| 187 | 2220D | REF02 | Line Item Control Number | Line item control number as submitted on the original claim. |
| 189 | 2220D | DTP02 | Service Line Date | Line level date of service. |